24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)			PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) CONSERVATIVE WARCHEST PA	С		FEC IDENTIFICATION NUMBER ▼ C C00557595
Check if 24-hour report X 48-hour report New report Amends report filed on			
Full Name of Payee Meath Media Group			Date of Public Distribution/Dissemination 09 02 02 014
Mailing Address 4441 Klingle St, NW			Amount
City	State	Zip Code	7000.00
Washington	DC	20016	Transaction ID : SE.4159 Date of Disbursement or Obligation
Purpose of Expenditure Media Production		Category/ Type 001	08 / 20 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
MARK LUNSFORD PRYOR		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	7000.00	Disbursement For: Primary General Other (specify) ►
Full Name of Payee Newsmax Media			Date of Public Distribution/Dissemination
Mailing Address 560 Village Blvd Ste 120			08 31 2014 Amount
City	State	Zip Code	1020.00
West Palm Beach	FL	33409	Transaction ID : SE.4161 Date of Disbursement or Obligation
Purpose of Expenditure Media		Category/ Type 001	08 / 31 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
MARK LUNSFORD PRYOR		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		49800.00	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
PAUL KILGORE	[Electro	nically Filed] Date	9 09 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			